

## KANSAS MENTAL HEALTH/SUBSTANCE USE DISORDER BLOCK GRANT PUBLIC COMMENT SESSION

APRIL 19TH, 2017, 1:00PM

**Kimberly Reynolds, KDADS SUD Block Grant Coordinator:** I'm Kim Reynolds I work in the Behavioral Health Services commission at KDADS. I spoke to some of you about the TBI program last time we met. I'm here today to talk about the block grant that combines mental health, substance abuse prevention, and treatment block programs for Fiscal Year 2017. We were supposed to have someone here to record the session because this is public comment. I'm thinking he must've gotten confused about where we are so Diana is going to take notes for us. I'm not going to stop and write down your comments but please know they're going to be captured and we're going to make them part of the overall public comments that is going to be collected over the next 30 days.

I want to talk to you about the FY17 grant, even though it's already been allocated, because I wanted to let you know information of what's in the block grant so that we can start having a conversation about how you want me to keep you informed and get your input for the next block grant period. I'm going to be asking you questions to ask not only the Governor's Behavioral Health Services Planning Council for input but also input from everyone about a protocol I'm developing to gather comments and public input on the block grant through this next fiscal year. I want to give you a handout I put together that is – what is the block grant, for folks who may not know. I'll pass that around. The federal block grant is a non-competitive formula grant mandated by the US congress. Every year we submit either a plan or a report on a two-year cycle and every two years we are given a disbursement that's non-competitive; we don't have to compete for it. Our application isn't scored higher or lower than someone else's. This is funding we're going to get that's determined by national indexes that provide SAMSHA with information about the population at risk that is used to make decisions about funding for every state and territory.

I have a little bit here about how the allocations are determined. They're a couple of indexes that are the population at risk, the cost of services, and a fiscal capacity index that's used for the substance abuse and prevention block grant. For the mental health block grant they use the same calculation except they waive the population at risk index. So, that's how it's allocated to us. The amount of funding we received for the period of fiscal year '16 and '17 in that two year increment we received \$23,799,326 for substance abuse and treatment. And \$7,543,890 for mental health services. Of that \$23,799,326, over \$5 million was set aside for prevention, which is 20 percent of the block grant, and the rest went to treatment and a small amount to administration.

The role of the Governor's Behavioral Health Services Planning Council regarding the block grant is you are the body I go to ask recommendations to review the grant to provide me with input that I will use and take back so we as a team will be putting together the block grant. At every full council planning meeting, I will be providing some sort of a report to let you know where we are with the block grant – any changes that's happening, any data that may be relevant. I'll either come in person or provide a written report. I also would like to go to all the subcommittees over the course of the next year to meet people and let them know, but I do understand every one of our subcommittees has a liaison who's from the main planning council whose part of their responsibilities is to keep the subcommittees aware of what's being talked about in the overall planning council. It will be key that I work with the liaison to make sure they have the information they need to carry that down to your subcommittee.

I wanted to talk to you about, I gave you this large number of money about what we received in terms of substance abuse prevention and treatment in mental health services – what does that pay for? For substance use, there're approximately 40 providers at 100 locations that offer assessment, services, outpatient, intensive outpatient, social detox, person centered case management, residential services and other kinds of services. The federal target population that SAMSHA has defined is pregnant women and women with dependent children, IV drug users, tuberculosis, and HIV services which we work with KDHE to provide data and collaborate with them on that. In fiscal year '18 we will be asking service providers to submit a bid to continue to provide services. This is a critical year to have the planning council and other members of the public comment to make sure the services we provide in the future are relevant and useful to the population. A task force is being formed under the adult continuum of care subcommittee of the planning council to help guide us in that work. I think Sandra (Dixon) you're going to be co-chairing that task force and Steve Denny is also going to be the co-chair.

For prevention dollars, prevention had their own similar change in bidding out their services in 2015. The funds they receive are to support the Kansas prevention collaborative which is the state's prevention system. The system includes a state-wide training and technical assistance provider, a state-wide evaluation contractor and a state-wide connection collaboration logistics coordinator, as well as two agencies that provide education, advocacy and promote mental health.

The mental health system has 26 community mental health centers that receive the block grant to serve the severe and persistent mentally ill adult population and the SED (severe emotionally disturbed) population with services like crisis response, evaluation, state hospital screening, case management, supportive housing, and employment. The reason why mental health receives less funding is because more of the target population can receive Medicaid and other funding than the substance abuse population.

What I'd like to do today is take comments from the planning council and from the public who are here today because I would like to put together this notification comment protocol for the coming year for FY18. Your comments are going to guide us not only in relation to the block grant, but also to help us at behavioral health services to come up with ideas for other funding pursuits based on needs identified by the council and community. It has implications for more than just the block grant, which is an important resource for Kansas, but it helps to guide us at the commission as well. I would like to ask questions and get feedback from you. Diana is going to be writing it down.

My first question is, what information can I provide you with and is relevant to you?

*Can you talk about the requirements to follow under the block grant? There are two very specific requirements to receive treatment by the block grant on the substance use side. A person must be 200% of the poverty level, uninsured – no Medicaid, nothing. You also must prove you are a Kansas and US resident. These are two specific things that as providers we don't have as requirements. Can you also tell, if you know, the percentage of the treatment dollars that are allocated to designated women's program, which is a special piece of the block grant?*

**Kim:** I don't know that percentage, I don't have that. I can provide that to the council in the future.

*I was thinking there was a block of money that's strictly for designated women's treatment programming that has other requirements so I thought it'd be important for folks to know that as well.*

**Kim:** I should've said this at the beginning, but I am new to this position so I am in a learning mode myself. Jump in if there's things like that we should be talking about today that'd be helpful.

*Knowing those structural pieces of the block grant would be helpful while as folks are getting public comment because there are uniqueness's to that.*

**Kim:** What other kinds of information would be helpful in providing us with input into the block grant?

*I think one of the things, the existing goals and objectives that're established and where you are in terms of outcomes from those? And kinds of opportunities you see, if there's a shortcoming how you plan to address those issues?*

**Kim:** We have metrics, goals and objectives we can provide you with. Two years ago, we had the plan then last year we had the report so I can bring information from the report to a future meeting and we can talk about that.

*Related to the mental health service money, is that specific funding for facilities or can nonprofits access those funds?*

**Kim:** Most of the money has been block granted to the community mental health centers. One program has been set aside. There is a specific interest that SAMSHA had in early episodes of psychosis so Wyandotte Center for Behavioral Health and Valeo received help.

*Many years ago, all the CRO's used to be operated under the federal block grant. Then in 2006 it got shipped into the state general fund. And our CRO's started shrinking. Is there a way to start making that money shift back to the block grant to protect the CRO's so they stop shrinking? The state general fund makes them vulnerable.*

**Kim:** I'll look into that for a future meeting as well.

*Years ago, we had a planning meeting that lasted a couple days over at Topeka State Hospital and we worked through the topics and said what we cared about and the planning council was part of that. We were fed information then we were put in groups to process it and report back. I don't remember freestyling. If I had something to look at it would help me.*

**Kim:** When you did that several days planning meeting did you have folks outside the planning council or was it just the planning council?

*It was just the planning council if I remember. We had a facilitator, Melissa Ness.*

*I also remember that and it was just the planning council. And we did that for several years.*

*For those who do not know the Governor's Behavioral Health Service Planning Council sits under federal statute and one of the main issues for that is to review the block grant and provide recommendations for the secretary.*

*It may help, since we have service providers here that receive these program funds, they're here for comment and I think that may be more comfortable to a planning than to us. Those who deal with it on a year to year basis that need to receive money, or scale back. That would be helpful to us.*

**Kim:** To get comment from the providers who are receiving the funding?

*Yes. And those who are the planning council itself.*

*I wanted to ask if you had any ideas for innovative strategies that would include the urban or rural frontier areas? Also, I see we individuals who represent the faith based organizations and if there's anything that may be indicated through the latitude you have to focus on faith based initiatives and partnerships?*

**Kim:** Ok.

*I suggest we hear from providers. I think it's beyond important we hear from family members, consumers, and parents and children. You could come to Ashland with us (for the Children's Mental Health Day event, May 4<sup>th</sup>, 2017).*

**Kim:** Ok. I'm going to ask, one of my questions is about consumers and family members. What other information can I provide that would be useful?

*You mentioned there are 40 providers in 100 locations, but I think it would be helpful to find a map of the state that shows where the dollars are going and look at it from that perspective.*

*The mental health dollars are different than the A&D dollars. Which causes a big problem. You might come here for treatment because you couldn't find a provider there to give you what you needed. And your dollars don't follow you.*

**Kim:** That's why it would be helpful to see where the money's going.

*I was concerned with how the target areas are targeted? And which cities are on the list because they have more problems because there's no help. I'm from Wyandotte county and I deal with these issues every day. I don't see any funding coming in there to target the areas you guys are talking about?*

**Kim:** There're mental health centers that cover the state and they all do receive some block grant funding. The substance use disorder providers not all the providers in our network receive block grant funding or were part of our network ten years ago when we began this way of providing SUD services. Which is why we're going to spend time to forward that.

*I think it would be helpful, especially on that SUD side, how much money is being spent by the providers in excess of what they're being reimbursed to provide services under the block grant?*

**Kim:** Great question. There are other funding sources as well. So, you could also look at other revenue streams to see other money sources they get money from.

*In years past we've had relatively high level of success of returning to providers. Often close to 100% of what we refer to as prepaid throughout the funding. Those prepaid have also been*

*considered in modeling allocations. As funds have become less available it's been harder to offer that rate.*

**Kim:** For those who may not know, Beacon is the managed care organization for which we contract for management of the SUD block grant dollars and manages the allocation process along with KAAP (Kansas Association of Addiction Professionals) and they recently redid the grant for that.

*I'm assuming that is the portion of the dollars that comes out of the block grant for administration as well as your office?*

**Kim:** Right.

*Something I'd be interested in knowing more about is outcome data?*

**Kim:** Ok, we have the current outcomes. But we could look at other outcomes as well and that would be another thing we can explore for the coming year.

*As an educator, I think about this when my students ask me about it - outcome meaning successful graduation and completion of treatment be it intensive outpatient, inpatient it doesn't matter and then recidivism rates. I guess the simplest question is bang for the buck?*

**Kim:** Right.

*I'd be interested in seeing what different limitations are enforced by federal and state on both sides?*

**Kim:** Ok. Other thoughts about things you'd like to see?

*Maybe outside the block grant there might be something we're not seeing that's funding. Maybe we should put it towards here, but there's probably funds that might be covering it somewhere else that we don't know about. So, when you bring that information maybe bring with it information that says we don't put a lot of block grant money towards this because we have this fund that covers it so we don't focus on something we don't need to focus on.*

**Kim:** That makes a lot of sense. Any thoughts?

*One thing we talked about in preparation is not necessarily what the block grant funds, but what are those gaps? Whether it's geographic gaps, need based gaps or financial. I think it's important for folks to hear here's the cost of providing a variety of those services versus what's reimbursed with other funds that will help support that. I think that picture will be helpful.*

*Let's not forget the wait time to get inpatient treatment. I'm not going to say how many die from it, but it's surely detrimental. And I know we've got them stacked up for months. Not good. We've got less people doing inpatient treatment nowadays.*

*You're going to double the size of your facilities is what you're trying to say?*

*They're glad to get in. We refer them to outpatient, then they fail and they continue to use.*

*That's a gap we talked about earlier.*

*Yeah, it's a huge gap.*

**Kim:** Involving the subcommittees do you have any thoughts about how we should go about doing that better so we can get information from them.

*Part of what I worry about when I hear that, as the subcommittees grow and evolve in terms of number or population it seems as though that we're going to get more and more subgroups arguing for smaller and smaller pieces of the pie. That concerns me primarily because it forces specializations like we're going to do something specifically for veterans, or people with severe and persistent mental illness who have a methamphetamine addiction who are over 57 years old who use a wheelchair and cry on Easter Sunday. And we'll create an evidence-based practice around that group. The specialization begins to worry me more and more because we're learning across the nation co-occurring and multiple issues are involved in mental health and substance abuse. I don't know how effective we can be with so many specialty programs.*

**Kim:** Are you saying to rely more on the overall planning council and less on the subcommittees?

*Probably yes. I'm on the veteran's subcommittee so certainly part of my role would be to argue for, I want more emphasis towards a particular group when there are other needs as equal but may not be socially or politically as recognized.*

*Speaking on subcommittees, would you have any recommendations that say Kansas citizens could look at work on in regards to bring it to the table for council? Visiting those communities like that, would you have something that you would like to see?*

**Kim:** Sure. It's a large plan. The 2016 – 2017 plan is 320 pages. It asks a lot of questions. Some of the questions they ask touch on every subcommittee specifically. So, that is a way I think would be useful to have input of the subcommittee when it's a special question about veterans.

*I have a question about reentry, individuals who've been incarcerated. We're in KC and we're trying to figure out which direction to go in. Facility housing for individuals who are returning to the community who've been incarcerated who are struggling with housing, and mental health issues. We have a one stop kind of deal we're trying to find where to go and who to talk to. And does this grant even cover that?*

**Kim:** Sure. We have some discretion in the state about what we choose to do with the funding and who we choose to fund. The purpose of this meeting is to talk about how to get useful public comment and input for planning council so we can make the best decision with the dollars in terms of going out with our next block grant. I don't know if I'm answering your question except to say that FY18 and 19 hasn't been written yet. So, we haven't said this isn't what we're going to fund or not fund. This process today is figuring out the best way to get the information out to you. To get information from you so we can make those decisions.

What group organization are you from?

*The villages.*

**Kim:** Staying involved with us is a good idea. I'm going to provide you with ways to provide additional public comment after today. I can give you my information so you can stay connected with me.

*I don't know the answer to this but Jane brought up how to get those families or consumers involved to provide some feedback on what they see. We have to do that better. It's been mentioned here, I don't know what the answer is. I'm from the outside looking in so to speak. There're people that do know that. I think you need to get a group of those people together sit down and talk to them and find out how do you reach out to them and get it exposed how they go about it. We might see some of these outcomes on paper but let's talk to these individuals on their outcomes and see what they have to say and whether it fits on paper. How that happens I don't know. Some of you have better ideas. It's only been mentioned, then it goes to other areas. I want to bring that one back and I think we have to find a way of doing that and doing that well.*

*And a few of them are required to be represented on this program.*

*They are, but that is an insufficient number. We need to reach outside the group for that. The ones on the group representing those individuals is a good starting point, but let's talk with Bill and find out where else we can go to get more. Because I don't know how we make these announcements without talking to people that are receiving services.*

*You want me to bring them in and fill you in?*

*Or we could go to your place Kirk?*

*That's right, sure we could.*

*But we go to hospitals, I found it very enlightening to sit down to have someone from the hospitals sit there and talk and say this is what's happened to me. I would find it enlightening in other situations too but there has to be a good efficient way of doing that that's not just an informational piece for us it's really talking about here's the money we've been putting in has it been productive with the services you've received how do you feel about it on a personal level? I think that would be beneficial.*

**Kim:** So why don't we open up that question to everybody to make sure we get some input about consumers and family members.

*I just want to answer that question for him because I do this on daily basis. I am the liaison for the police the sheriff's department and we have clients they assign to me who have drug and alcohol problems that it's affecting the home. Your answer is not going to the hospital; it's got to be at the home.*

Clapping

*Because that's where it starts. It starts in the home and goes out into the community. Once it's out to the community, those people are lost. So, part of my job is a person who has a drug problem who's coming through the child support court. He can't get a job; he can't pay child support so they lock him up. So they come to me and ask me to help him. First thing we target is what is his drug or alcohol problem. Once we find that out we can send him in the direction he needs to go in. We keep track of him until they're through -we keep track of him for a full year. We progress this information back to the courts. We keep track of each individual we work with. The only problem is, we don't have much funding. We have to go out to raise money to give to other organizations and make them one body instead of separate bodies to become a*

*conglomerate. That means that the questions you're asking we would know and the question I'm asking you would know and it would be somebody we all know that we have somebody we can send them to make sure what their needs are along with that person the individuals, the courts, law enforcement and the families – all becomes one system so we all work together to make that person a whole person instead of part of a person.*

*The thirteen consumer run organizations across Kansas are a wealth of information. That's a great way to reach out to the peers to find out what's going on with people who are diagnosed with SPMI. They're the best kept secret in this state. Peer support, tremendous amount. It saves the state so much money and people aren't aware of the wealth of opportunity that exists in those programs. I encourage everyone to find out about the CRO's close to you, visit them and find out what's in them. Find out from the members in those programs. What are they doing? How are they connecting with their communities? Because you would be amazed, there's great stuff going out there. The CRO's don't get the recognition. It's quiet. It's time to talk about it.*

*I'd like to expand that. I think it's a great idea. Where are those places for folks who are also engaged in peer services for substance use disorders? Many of the folks working in the peer community both in the CRO's and others could be a peer for someone with mental health or substance use disorders, the substance use side doesn't have that network like the CRO's do. Engaging Oxford Houses, we have folks around this table who are engaged in peer support who train peers who do all that. I agree, I think that voice is important. The family members of folks who are still struggling who are in and out of treatment, in and out of relapse. Jay's right. Family's deal with this every day and don't understand how to navigate our world because we have all these rules we have to follow.*

*And bringing them in to say I found this extremely difficult because of this, this and this. Can be critical on how we provide feedback to you saying, ok this could be better if blank.*

*On the other side of that family coin I've treated three generations in the same family. We see a multigenerational problem that they didn't they didn't leave the family because the family was good. They ended up coming to treatment because grandma finally got clean then mom got clean before it goes the other way.*

*We have to address the population density issues. With communities that are rural frontier communities as well as urban densely populated rural, ways to make sure those services are available regardless of the number of people in the community. We need to hear from if we're going to bring people together we need to make sure there's representation in those groups of all parts of the state.*

*And within those, I always find it somewhat ironic because you have one set there's so many people you can't provide enough service and the other set there's hardly anyone so can't provide enough service. The problems different but it's still the same.*

*Addressing the concept of recovery and systems of care how much of the state buy-in is for that? And what we can look forward to doing with those systems that encompasses peer support and housing and other forms of recovery related services and I would like to know where the state is as far as actual buy-in or investment in regards to systems of care I know it was a SAMHSA*



*initiative, we try and follow that, with those dollars being spent where are we with that particular portion?*

**Kim:** Anything else about involving consumers and family members gathering input?

*I've worked with family preservation and foster care reintegration families for a lot of years and one of the things that I've discovered over the years is sometimes people go to the same providers over and over that's where the funding is. It's not where they want to go any longer. They've not been successful, so I guess I would like to know if there's any possibility of communicating where there's developing other options for families when they need to use the block grant funds to get clearance to get their kids home?*

**Kim:** Other thoughts about consumer or family members?

*I think this is bigger than just the block grant. People in the provider world you talk about safety nets, but in the other world where people live, people don't know where to get services, they don't know who provides what services and they are never quite eligible for whatever it is that is on the table. And so most of the time, we get nothing. I just have to read you this, it's very short. But I got this since we started this meeting. This is from a man who said "my son turned ten in January. Yesterday at school he was upset because his regular worker from the mental health center that picks him up on Tuesdays couldn't get him. So, he ran off the bus after school. Police were called because he was off school grounds. They finally located him with a stick in his hand. Guess where this is going. The officer said he had his pepper spray and told him if he didn't drop the stick he was going to spray him. My son dropped the stick, was tackled and placed in handcuffs. I arrived shortly after this happened and he was out of control. And so on. He's now at juvenile intake. He's been charged with a crime. I asked the officer if we could take him to a crisis place. So we did, got regulated. But he's still charged with this crime." And the man ends this by saying "what am I supposed to do? My son can't read, hates school, still wears diapers." He testified before this group two years ago, he was one of those parents who came. And he has no idea where to go to get help. Right this minute I'm not sure I know. It's as much about an information network and a way to click somewhere and hit this and things come to mind, but when you're in this there aren't, my own daughter has a serious mental illness, and I don't know where to go. When she's having a terrible crisis. And so, I know where to go where I won't get any help. Let me say that. It's sad to me that we sit in this room and we're supposed to be advising somebody and I don't know the answers to hardly any question anybody asked since you came. I'm not blaming you at all but we don't know ourselves where services are where the money is. What we have to say to get what. That is not clear information.*

*So, is the majority of the mental health block grant of \$7 million going to mental health centers and is that being supervised about what they're doing?*

**Kim:** Supervised in terms of their reporting on metrics.

*Right, but what are they using those funds for? As a family member and part of a families for mental health. Over the 30 years I've been involved with mental health services we had a whole lot for a while and people were getting more and more. Now 50-year-old men are sitting in their mother's houses in their bedrooms, won't come out and nobody will come see them. Nobody's*

*checking, nobody's doing anything. I don't know if laws need to be changed or when somebody has 95% of our long-term persistently mentally ill people are not dangerous, but there're a few that are. And when there's one that has a history of a felony attack and has been in jail when his mother calls it shouldn't take 9 visits by the police to get him some help. It took 9 times. The CIT and everything. But still, where is the help? Who's helping who? The levels of care aren't there anymore. Nobody's checking. I think KanCare. They talk about that with Medicare, and people have been dead six months and KanCare has never checked on them or something like that. Our whole system seems to be in disarray. Anyway, I'll get off my soapbox.*

*It would be helpful information for this group to look at how the mental health systems are spending that money and how often they're reporting on their activity, how many people are being served with it? That would be helpful to look at.*

*I don't disagree with you Margie, but I don't know how we could fix a whole system. I agree with something Jim said, all of us has a particular focus in a sense people always have what they want see get done out of it, so it becomes very specialized. So, you start, tying strings to every piece of money out there, to get this piece of money you have to have this, this, this and this. And if you don't have that you don't qualify and that's why everybody gets told no because there's one of those seven pieces that say you have for this piece of money that you don't have so you don't get because you don't have all seven you only have six of them. You talk to alcohol but you don't have mental health for this piece. Or you talk to mental health and you can't treat alcohol and drug addiction for this piece. And I think it's great to see what they're doing with the money. But I think the bigger question is is what can they not do with the money that they wish they could? If we get that answer, then we can provide feedback and we say we love the block grant it should go to here. But how 'bout we reach out to the feds or state or whoever's tying the string and say how 'bout loosen this string. And if we start making recommendation that these strings are too tight, maybe...*

*Most of them have to have a case manager before they come into the door to get a Kansas ID.*

*Yup, and it makes no sense.*

*Especially when they have to be a Kansas resident and they can't prove it.*

*I think what they're doing with the money is great. But if don't say what they can't do with the money sets us up to say "Why aren't you doing this?" Because that is our complaint often, "Why aren't you doing this?" They probably have this hand and an elbow tied behind their back and they're sitting there doing this instead of this.*

*I think there's three areas that need to be touched. One, case management and the people who are doing case management – are they doing their jobs? Because the clients they're supposed to be working if they're always going to jail, that means you're not doing something right. Also, with the facilities they're going to, who's monitoring the facilities? And are the people working in the facilities do they care? Or are they doing it for a paycheck? They know at the end of the day, they're going home. But that person who they're supposed to be taking care of or monitoring they don't know where they are. And if you ask them they'll say, "I don't know." And the third thing is, as I said before, touching the family. Talking to the family because it didn't start as an*

*adult. It started from the house. And whatever those kids were looking at that's what they'd seen and that's what they thought life was all about. Behind closed doors, we don't know what's going in the houses. Sometime, like the organization I've been working with NAMI, people don't want to talk about it because it's too embarrassing. But then when it gets to a crisis point that's when we come in and we've got to deal with a situation that could've been dealt with a long time ago. Only if somebodies reached out to an organization saying I've got a child or a teenager at home that's way out of control. I don't want to put him on meds, I want him to get the right help that they need, where can I go?*

*This discussion is good and it makes me think how important the adult continuum of care process was. We've got some of this processing out there that has to blend somewhere in our discussion about block grant funding because block grant funding can't touch what we're talking about. It's more than that, it's the whole continuum of care also, so we have to blend that discussion I think for me on this and discussed.*

*With the youth information that's is mentioned where're the prevention dollars is that a part of the block grant? Because we're curing or trying to cure everything on the backend, but the youth prevention dollars as few as three or four years ago the summer youth camps that they'd been housed at a college and they rented to a church or a 501-C3 where's that conversation and is this the place to have it?*

**Kim:** Their prevention dollars is part of the block grant as well, so it's input that we'll be seeking as we're writing next year's block grant.

*To what level? Sounds like we're heavy on cure over here. Nothing wrong with that. Seems to be we need to have a lot of conversation as well on prevention upfront.*

**Kim:** 20% percent of the block grant is a federal set aside for prevention. There's other funding as well just like we're going to talk about other funding sources for our initiatives too.

The 20% we're talking about is only in the SUD grant. The mental health grant which is about \$3 million. This 10% set aside that we've been able to use for grants for the first episode of psychosis we've talked about is the first dollars that've been added to the mental health side grant that are aimed at early intervention prevention.

*So, the gentleman who is a liaison for law enforcement, there's a couple things he said that have brought to mind a few other scenarios. One piece of this that's been mentioned, and I have questions about the block grant couple progress if it can, when you do get law enforcement involved it becomes something more than mental health, it has criminal aspects as well. There're some areas that have done a good job and we talked about taskforce respond to mental health issues when they get brought to the attention of those folks. I wonder how much better we can do on that? I'm an attorney and I've represented criminals a million times over and I don't do it necessarily anymore but I still get people calling me on a regular basis and I'm involved in the Hispanic community here in town. Recently I've known for a number of years; she has two sons who have serious mental health issues. He had an episode, he's been in Osawatomie a number of times in the past. He hits his grandma. They end up having to call the police over to get him out of the scenario. The police officers arrest and take him to jail and I'm not saying they're wrong in*

*doing that. But it's a day later before they send over a victim's person that can speak to him in Spanish. They explain to her he's been to Osawatomie in the past, he has medication he's supposed to be on medication right now. They recently changed the medication and they think this is what triggered the episode that just happened. So, they give the spiel to everybody, couple days later still nothing has happened. They end up talking to me five days in. I try to call the attorney representing him. Took three days for the attorney to call me back. Finally, after my persistence, I talked to the attorney. The law enforcement hadn't done anything; prosecutor didn't know anything about it. I finally talked to an attorney, the first attorney refused to talk to me and I had explained to the attorney why it's not improper to talk to me and I'm an attorney trying to explain this to them. After me making several comments I got the attorney to understand that there's a huge history here in mental health. Finally, the attorney went and filed something and we got him, after he was in jail for 10 days, into Osawatomie. It's crazy, it's ridiculous that it takes that to get it done. And had I not intervened, it wouldn't have happened.*

*It happens every day.*

*It does. We need to look at people who have episodes that might commit a crime how do we get involved and intervene and get them the help they need quickly and what funds can we use to put towards that because it's not happening much now. Even when money's there – the education piece. Cops don't know, they're not mean and evil, they don't know, they're not trained well on this. And the attorneys don't have a clue often what to do. If we go train better law enforcement and we let attorneys know we can stop a lot of these cases ended up criminal and these people having extended criminal histories on things that're psychotic episodes. I'm not saying they didn't commit something that is determined as a crime, but did they truly do that when you look at what it takes to commit a, a lot of times they didn't. It's not the best.*

**Kim:** I want to be mindful of the planning council's time. I appreciate them taking part of their day. I do have another question for you. I have one for everybody, and then one more for the planning council. What other groups should we be informing when seeking input about the block grant?

*I believe you should be talking to the courts, the prosecutor's office and your in-command chief of police and your sheriff's departments. Like the gentleman said, when the law enforcement shows up they don't know if this person is psychotic or has a mental problem. The first thing they do is put on their gloves and that means they're either going to take this person down or taze him. Once they get them incarcerated, this person doesn't know why he's in jail. He doesn't. And the family is not told until two days later. Because they don't call the family. They incarcerate them and just sit there until they get a court appointed attorney or they decide to give them a video court date. Where the judge will talk to them on video court instead of having that person having a representative with him because this person doesn't know what he's talking about. Sometimes I get the officials mad at me because of the comments I make, but if you were doing what you were supposed to be doing we wouldn't be having this conversation. So, it's got to start in the court system.*

*Hopefully it should never get to the court system, but that's a bigger problem.*

*Foster care integration providers and the family preservation providers they all deal with families that have substance use problems and mental health problems both. And working with families*

*directly in their homes and children that've been removed out of their homes they often struggle with resolving the problems when it comes to substance use. They're the hardest families to ingrate children back into and they're experiences where providers don't work together as well as maybe they should. I think they both need learning lessons on both sides. That's made a difference in communities we've worked with.*

**Kim:** Other professional associations, groups?

*I would think a valuable source would be the direct service providers. The councilors, the therapists, the addiction counselors, the peer mentors the front-line folks in both of those arenas. Who are rarely asked they're views and they see what works and what doesn't and with whom.*

*I would expand that just to say people who are currently receiving services from block grant funded providers would be a helpful group of people to hear from.*

*Absolutely. I agree*

**Kim:** Other thoughts about that. Groups that we should be...

*Consumers.*

*Schools.*

**Kim:** Does anybody have any other thoughts? My final question is for the planning council. We hijacked your meeting and we appreciate it. I wanted to know if this is honestly a good use of planning council time or you feel like in the future this would be better held outside the planning council and the planning council just aware and able to go to it? I'd like your feedback?

*Yes, to both.*

*I think there's more opportunity the more you do and are out in various communities and not just this venue, you need to go to people because they can't come here. I do hope council members are engaged in those conversations. It's important for us to be here. Not just as an individual provider this has been interesting for me today to get reinforced from things we already hear. I think it's important for us to be engaged because we have a specific role with you.*

*If those meetings are happening now, I have never been told about them in the past. If you're reaching out to people in the communities we've talked about. I can't promise I'll go to all of them, but I will go to some I'd like to hear. It's always been fascinating to me to get the opportunity to hear people talk about what their experiences are whether a consumer or a provider. I never got an email saying this is what we're doing at KDADS to find out if anyone at the council would like to show up.*

**Kim:** The FY18-19 plan rfp that we'll be responding to is still in draft form, they just finished their public comment on April, 14. We don't know exactly what's going to be in it. We're not going to wait for them, we're going to start working on it now. This is the kick off for wanting to get input from all of you on the best way to get information to the planning council, to the state, to everybody who needs to be a part of this process. I want to thank the planning council for letting us take over your meeting. And for everyone who's shown up today. I do want to pass around some information about the public comment period. If you think of things after today, there are places you can go to make that comment and we will be

including all of that in the FY18-19 block grant the information we get today as well as any other info we'll be sharing with the planning council. We appreciate your time and will be using your information.

Thank you for coming.

CLAP.